

City of Morgan Hill Centennial Recreation Center Membership Application Form

(Please Print) PRIMARY ADUL	т											
NAME	FIRST					MI	LAST	ST				
HOME	STREET									1	APT#	
ADDRESS	CITY						STATE ZIP					
MEMBERSHIP TYPE	□ ADULT □ YOUTH & TEEN □ FAMILY □ SPECIAL HOURS/ NON PRIME											
E-MAIL	HOME PHONE () ALTERNATE PHONE ()											
PERSONAL INFORMATION	BIRTHDA'	TE		SEX	м □ ғ							
EMERGENCY CONTACT	NAME				RELATIONSHIP			()	PHONE ()			
EMPLOYER												
	COMPANY NAME					OCCUPATION/TITLE						
	STREET SUITE											
CITY	STATE			ZIP				PHONE/EXT				
SECOND ADULT	AT SAME	E ADDR	ESS	•								
FIRST NAME				MI]	LAST (if different)		BIRTH	DATE -		SEX □ M □ F	
COMPANY NAME		OCCUPA	CCUPATION/TITLE			PHONE/EXT						
STREET	SUITE				CITY	•	STATE	,	ZIP			
FAMILY MEMBE	ERS AT SA	ME AD	DR	ESS				•				
FIRST NAME		MI		ST NAME			BIRTH	DATE	DATE S		EX	
FIRST NAME		MI	LA	ST NAME			BIRTH	DATE		S	□ M □ F EX □ M □ F	
FIRST NAME		MI	LA	ST NAME			BIRTH		S	<u>□ M □ F</u> EX □ M □ F		
FIRST NAME	MI LAST NAME					BIRTHDATE				S	<u>□ M □ F</u> EX □ M □ F	
YMCA MEMBER	SHIP		1				1 -				□ 1V1 □ 1°	
When you join the Center full access to five YMC ☐ I do NOT want to ha	As in Santa C	Clara Coui	nty at	no charge,	as wel	l as some pri						